



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: REID HOSPITAL & HEALTH CARE SERVICES, INC.

City of Hospital: Richmond

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 150048

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$295166528
Outpatient Patient Service Revenue	\$403627381
Total Gross Patient Service Revenue	\$698793909

2. Deductions From Revenue

Contractual Allowance	\$302826576
Other Deductions	\$22956891
Total Deductions	\$325783467

3. Total Operating Revenue

Net Patient Service Revenue	\$373010442
Other Operating Revenue	\$11014037
Total Operating Revenue	\$384024479

4. Operating Expenses

Salaries and Wages	\$127998718	Employee Benefits	\$32383581
Depreciation and Amortization	\$32976909	Interest Expense	\$10361756
Bad Debt	\$30773075	Other Expenses	\$152878670
Total Operating Expenses	\$387372709		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-3348230	Total Assets	\$611946028
Net Non-operating Gains over Loss	\$6169738	Total Liabilities	\$255814014
Total Net Gains	\$2821508		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$384353622	\$233458451	\$150895171
Medicaid	\$76914742	\$45078514	\$31836228
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$237525545	\$24289611	\$213235934
Total	\$698793909	\$302826576	\$395967333

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$64085	\$231646	\$-167561

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$50950	\$240615	\$-189665
Hospital Patients	\$0	\$986675	\$-986675
Community Education	\$0	\$4581	\$-4581

Number of Medical Professionals Trained	15
Number of Hospital Patients Educated	22211
Number of Citizens Exposed to Health Education Messages	36100

Statement Six: Charity Statement

Hospital Charity Charges	\$20992403
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$8348007	
HCI Payments	\$0		
Subtotal	\$0	\$8348007	\$-8348007
Medicaid Shortfalls	\$29054594	\$36527681	
Subtotal	\$29054594	\$44875688	\$-15821094
DSH Payments	\$0		
Subtotal	\$29054594	\$44875688	\$-15821094
Medicare Shortfalls	\$118007126	\$128577621	
Other Government Programs	\$0	\$0	
Total	\$147061720	\$173453309	\$-26391589

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$320598	\$-320598
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$227543	\$-227543
Other Allocations	\$0	\$0	\$0